

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock t Number	06878.114001
First Named Inventor	Yi Tso, et al
COMPLETE IF KNOWN	
Application Number	10 / 615,250
Filing Date	July 8, 2003
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR PROVIDING PRINCIPAL PROTECTION
EXPOSURE TO EQUITY MARKETS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) July 8, 2003 as United States Application Number or PCT International

Application Number 10/615,250 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **32361** OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Yi

Family Name
or Surname

Tso

Inventor's
Signature

Date

July 16, 2003

Residence: City

Jersey City

State

NJ

Country

US

Citizenship

US

Mailing Address

45 River Drive So., No. 1812

City

Jersey City

State

NJ

ZIP

07310

Country

US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

John

Family Name
or Surname

Vitha

Inventor's
Signature

Date

Residence: City

North Woodmere

State

NY

Country

US

Citizenship

US

Mailing Address

1075 Duston Road

City

North Woodmere

State

NY

ZIP

11581

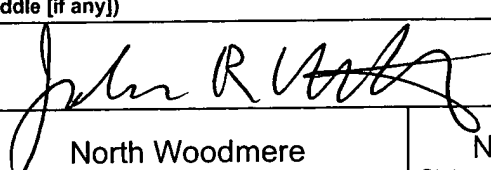
Country

US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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Name									
Address									
City				State		ZIP			
Country			Telephone				Fax		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>									
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
Yi				Tso					
Inventor's Signature						Date			
Residence: City			State		Country		Citizenship		
Jersey City			NJ		US		US		
Mailing Address 45 River Drive So., No. 1812									
City			State		ZIP		Country		
Jersey City			NJ		07310		US		
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
John				Vitha					
Inventor's Signature						Date			
						8/12/03			
Residence: City			State		Country		Citizenship		
North Woodmere			NY		US		US		
Mailing Address 1075 Duston Road									
City			State		ZIP		Country		
North Woodmere			NY		11581		US		
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Timothy		Bridges	
Inventor's Signature <i>Timothy J. Bridges</i>		Date <i>8/12/03</i>	
Residence: City Summit	State NJ	Country US	Citizenship US
Mailing Address 41 Waldron Avenue			
Mailing Address			
City Summit	State NJ	Zip 07901	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael		Millette	
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Radcliffe J.		Smith	
Inventor's Signature		Date	
Residence: City North Caldwell	State NJ	Country US	Citizenship US
Mailing Address 1 East Greenbrook Road			
Mailing Address			
City North Caldwell	State NJ	Zip 07006	Country US

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet <div style="float: right; text-align: right;"> 3 4 Page ----- of ----- </div>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Timothy		Bridges	
Inventor's Signature		Date	
Residence: City Summit	State NJ	Country US	Citizenship US
Mailing Address 41 Waldron Avenue			
Mailing Address			
City Summit	State NJ	Zip 07901	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael		Millette	
Inventor's Signature <i>Michael Millette</i>		8/12/03	
Residence: City Larchmont	State NY	Country USA	Citizenship USA
Mailing Address 32 Maple Hill Drive			
Mailing Address			
City Larchmont	State NY	Zip 10538	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Radcliffe J.		Smith	
Inventor's Signature		Date	
Residence: City North Caldwell	State NJ	Country US	Citizenship US
Mailing Address 1 East Greenbrook Road			
Mailing Address			
City North Caldwell	State NJ	Zip 07006	Country US

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Given Name (first and middle (if any))		Family Name or Surname	
Timothy		Bridges	
Inventor's Signature		Date	
Residence: City	Summit	State	NJ
		Country	US
Mailing Address 41 Waldron Avenue			
Mailing Address			
City	Summit	State	NJ
		Zip	07901
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael		Millette	
Inventor's Signature			
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Radcliffe J.		Smith	
Inventor's Signature <i>Radcliffe J. Smith</i>		Date <i>August 7, 2003</i>	
Residence: City	North Caldwell	State	NJ
		Country	US
Mailing Address 1 East Greenbrook Road			
Mailing Address			
City	North Caldwell	State	NJ
		Zip	07006
		Country	US

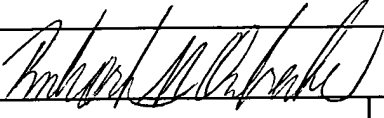
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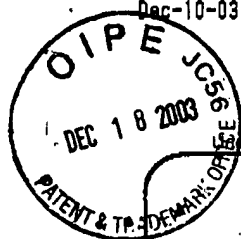
Supplemental Sheet

Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Richard		Andrade	
Inventor's Signature 		Date <u>7/23/03</u>	
Residence: City	Holmdel	State	NJ
		Country	US
Mailing Address 2 Rustic Lane			
Mailing Address			
City	Holmdel	State	NJ
		Zip	07733
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
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Mailing Address			
City		State	
		Zip	
		Country	

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PTO/SB/81 (08-03)

Approved for use through 11/30/2005. OMB 0651-0035

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/615,250
Filing Date	07/08/2003
First Named Inventor	Yi Tso, et al
Title Method and System for Providing Principal Protection Exposure to Equity...	
Art Unit	3629
Examiner Name	To Be Assigned
Attorney Docket Number	06878.114001

I hereby appoint:

☒ Practitioners at Customer Number:

32,361

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Yi Tso		
Signature			
Date	December 2, 2003	Telephone	212-357-4612

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
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Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Michael Millette		
Signature	<i>Michael Millette</i>		
Date	December 3, 2003	Telephone	212-902-3702

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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Name	Registration Number

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OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	John Vitha		
Signature			
Date	12-1-03	Telephone	212-902-5757

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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The address associated with Customer Number:

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Radcliffe J. Smith

Signature

Date

12/5/03

Telephone

212-402-8992

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



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Art Unit	3629
Examiner Name	To Be Assigned
Attorney Docket Number	06878.114001

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32,361

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☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Timothy Bridges
------	-----------------

Signature	<i>Timothy Bridges</i>
-----------	------------------------

Date	12/10/03
------	----------

Telephone	703/10/03 212-902
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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PTO/SB/81 (08-03)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/615,250
Filing Date	07/08/2003
First Named Inventor	Yi Tso, et al
Title Method and System for Providing Principal Protection Exposure to Equity...	
Art Unit	3629
Examiner Name	To Be Assigned
Attorney Docket Number	06878.114001

I hereby appoint:

☒ Practitioners at Customer Number:

32,361

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address			
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Country			
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Richard Andrade		
Signature	<i>[Signature]</i>		
Date		Telephone	212-357-3311

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